

Principal Support Plan

Name	Name: Department:			
perfor sugge	rmance of the employee is eva	luated as an overall rating of leve le of the formal evaluation proces.	oport. It is required to be completed when the I I or level 2. It may also be used to provide s. The Teacher Support Plan should be placed	
Start	ing Date:	Review Date:	Completion:	
Area	(s) in Need of Growth and	Support:		
Plan	for Success:			
How	OCM BOCES will support	the growth of teacher:		
Meas	surable Goals to be Evalua	ted:		
Revie	ew of Progress:			
Additi	ional pages may be attached.			
Signature of Supervisor		D	ate	
l acce _l	pt responsibility for completing	g the above Teacher Support Plan	ı.	
Signature of Employee		D	Date	
CC:	Director Assistant Superintendent			

District Superintendent